## • MUST USE MOST CURRENT FORM

- PRINT CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

Yes	

No O

**PRIVATE SECURITY** 

ONLINE ORIGINAL REGISTRATION APPLICATION S	SUPPLEM	<u>IENT</u>							
APPLICANT INFORMATION  I submitted an Original Registration Application online and am providing this form for the supplemental information required with my application.	1								
Applicant Social Security Number			L THE ABOVE SPACE IS	RESERVED FOF OFF	ICE USE C	ONLY Î			
Company Name			Company License No.						
Online Trace Number	Online Tran	saction Da	te (MM/DD/YYYY)						
Applicant First Last Name Name				M.I. Suffix (If Any)					
SUPPLEMENTAL INFORMATION (REQUIRED WITH THIS APPLICATION)									
Regarding submitting Fingerprints: (CHOOSE ONLY ONE)									
O I am submitting payment for the \$25 FBI classification fee. Once payment has cleared, I will submit my prints electronically via the approved vendor.									
I have made payment for the \$25 FBI classification fee and I have submitted fingerprints electronically. I am attaching my signed FAST receipt as proof with this application.									
O I am a Peace Officer (or Retired Peace Officer) alternatively submitting a PSB-00 ( <i>Peace Officer Fingerprint Waiver</i> ) with this application.									
BACKGROUND INFORMATION									
1. Have you ever been convicted, in any jurisdiction, of a felony Yes			ESS than ten (10) years since	completing your		Yes	0		
level offense?	0	or probation				No	0		
2. Have you ever been convicted, in any jurisdiction, of a Class A Yes	•	has it been L or probation	ESS than five (5) years since ary period?	completing your		Yes	0		
or equivalent misdemeanor?  No				) Var		No	0		
3. Have you, within the past 5 years, been convicted, in any jurisdiction, of			or or equivalent offense:			No	0		
4. Are you currently charged with, or under indictment for, a felony, or Class A misdemeanor?  Yes O No							0		
5. Are you currently charged with a Class B misdemeanor?					s O	No	0		
6. Have you ever been found by a court to be incompetent by reason of mental defect?  Yes O No C							0		
7. Were you discharged from the military?  Yes O * If yes, have you received a dishonorable discharge, a bad conduct military?  Yes O * If yes, submit a copy of discharge, or any other than honorable discharge, from Armed Forces?  No O your DD-214									
8. Are you required to register as a sex offender, in Texas or any other state?  Yes O No C							0		
9. Federal law prohibits the Department from issuing a license to anyone who is ineligible to work in the U.S. Are you a non-citizen?  Yes  * If yes, you must submit documentation of your federal employment authorization or a copy of your permanent resident card.									
10. I understand, any pending charges or conviction referred to above require t application. Failure to report an arrest or conviction, later found by a finger on the material misstatement of fact in this application.			•		olely	Yes No	0 0		
11. I acknowledge I have reviewed the eligibility criteria of Texas Occupations Code §1702.113 and the definition of 'conviction' provided in §1702.371. Yes O In addition, I acknowledge I have reviewed the disqualifying offenses listed in Texas Administrative Code §35.4.									
TO BE FILLED IN BY QUALIFIED MANAGER, MANAGER'S DESIGNEE OR OW	NER								
EMPLOYER INFORMATION									
I hereby certify that the above applicant began employment in a position that	at requires re	gistration	with my company on:						
Appli	cant's Date o	f Employm	ent (MM/DD/YYYY)						
I am requesting that the above applicant be issued a registration with my co	ompany as my	y employee	9.						
Manager, Manager's Designee or Owner Last Name		Manager, Owner Firs	Manager's Designee or st Name						
I verify the information provided is true and correct, and I understand this is an o other supplement provided to DPS may result in criminal prosecution.	fficial governn	nent record	and any false statement	made on this do	cument	or any	/		
Applicant Signature				Date					
Manager, Manager's Designee or Owner Signature				Date					

This form and attachments can be forwarded by mail to:

**Texas Department of Public Safety** Private Security MSC 0242 P.O. Box 15999, Austin, Texas 78761-5999 Privacy Policy Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious. Please visit: http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm